

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10731605

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	80 minus 20 =	60
INDEPENDENT CLAIMS	14 minus 3 =	11
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	1152
X43=		OR X86=	946
+145=		OR +290=	290
TOTAL		OR TOTAL	3158

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	5000
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	5000

pd

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 81	Minus	** 80	= 1
Independent	* 14	Minus	*** 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=	
Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=	
Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

United States Patent and Trademark Office
- Sales Receipt -

05/12/2006 LHUMES 00000002 230455 10731605

01 FC:1202 50.00 DA

RECEIVED
CENTRAL FAX CENTER 7346221269

T-226 P.002 F-884

May-08-2006 11:29am From-Pfizer

Customer No. 28880

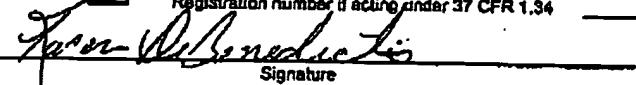
MAY 8 2006

Confirmation No. 4759

PTO/SB/22 (12-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2005 <small>[Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).]</small>		PC25026A		
Application Number 10/731,605		Filed December 9, 2003		
For PHARMACEUTICAL USES FOR ALPHA2DELTA LIGANDS				
Art Unit 1614		Examiner Leslie A. Royds		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	<u>\$ 120.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$225	<u>\$</u> _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<u>\$</u> _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1580	\$795	<u>\$</u> _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	<u>\$</u> _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-0455</u> . I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,977</u>				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
 Signature			05/08/2006 Date	
Karen DeBenedictis Typed or printed name			734-622-3374 Telephone Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

05/09/2006 AU00DAF1 00000104 230455 10731605

01 FC:1251 120.00 DA

PAGE 2/12² RCVD AT 5/8/2006 11:21:57 AM [Eastern Daylight Time]² SVR:USPTO-EFXRF-2/2² DNI:2738300² CSID:7346221269² DURATION (mm:ss):03:50